



CITY OF SAINT PAUL
Christopher B. Coleman, Mayor

375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101-1806

Telephone: 651-266-8989
Facsimile: 651-266-9124
Web: www.stpaul.gov/dsi

Sound Level Variance Application

City of Saint Paul Noise Ordinance (Chapter 293)

Note: A public hearing before the Saint Paul City Council is required. Application and fee must be received no fewer than forty five (45) days prior to the public hearing date that is before the requested Variance start date.

1. Organization/person seeking variance: Twin Cities In Motion
2. Mailing Address w/zip code: 2635 University Ave W, Suite 190, St. Paul, MN 55114
3. Responsible person: Elizabeth Vincenty Title: Race Director
4. Event Name: Medtronic Twin Cities Marathon
5. Telephone: (651) 283-7705 E-Mail: elizabeth@tcmevents.org
6. Date(s) during which the variance is requested: October 9th, 2016
7. Noise source - Time(s) of operation: 10/9/2016 7:00 AM to 1:30 PM
- Time(s) of pre-event sound check: 10/9/2016 6:50 AM to 7:00 AM
8. Address or legal description of Noise source: Summit Ave. and Fry St N, Summit Ave. and Saratoga St N,
St. Paul MN 55104
9. Sound level requested: Up to 55 to 65 decibels
10. Describe the noise source and all equipment involved: Amplified sound and music for course entertainment with
speakers and/or musical instruments.
11. Describe the steps that will be taken to minimize the noise levels: _____
We will position the the sound to reach a confined area and will keep the volume at a reasonable level.
12. State reason for seeking variance: (E.g. music, announcements, construction, etc.) _____
Course Entertainment, Music, Announcements
13. Attach site diagram showing location of noise source(s), streets, stages, tents, etc. (If there will be amplified sound, indicate location and direction that all speakers will be facing.) Multiple locations may require more than one application.
14. Return completed Application, Site Diagram, and \$169.00 fee to: **CITY OF SAINT PAUL
DEPARTMENT OF SAFETY AND INSPECTIONS
375 JACKSON STREET, SUITE 220
SAINT PAUL, MN 55101-1806**

Signature of responsible person: _____

Date: 9/19/16